



#9/A
PATENT
450100-02402

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tateo OISHI et al.

Serial No. : 09/524,358

Filed : March 14, 2000

For : DATA PROCESSING METHOD, APPRATUS AND SYSTEM FOR
ENCRYPTED DATA TRANSFER

Examiner : Andrew Nalven

RECEIVED

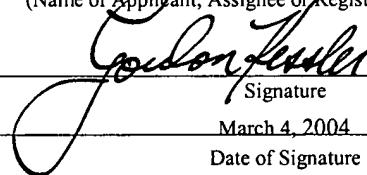
Art Unit : 2134

MAR 10 2004

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Non Fee Amendment, Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on
March 4, 2004.

Technology Center 2100

Gordon Kessler, Reg. No. 38,511
(Name of Applicant, Assignee or Registered Representative)



Signature

March 4, 2004

Date of Signature

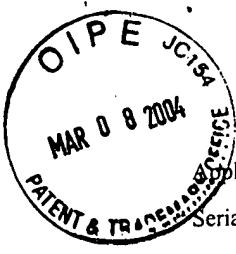
AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of December 31, 2003, please amend
this application as follows:

2134

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tateo OISHI et al.
 Serial No. : 09/524,358
 Filed : March 14, 2000
 For : DATA PROCESSING METHOD, APPARATUS AND SYSTEM
 FOR ENCRYPTED DATA TRANSFER
 Examiner : Andrew Nalven
 Art Unit : 2134

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

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Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
			Total additional fee for this amendment			\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid , or is paid herewith .
- This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.
- Charge \$_____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 4, 2004.

Gordon M. Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
 Signature
 March 4, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:

Gordon Kessler
 Gordon M. Kessler
 Reg. No. 38,511
 Tel: 212-588-0800